SENATE JOURNAL
64TH LEGISLATURE
THIRTY-NINTH LEGISLATIVE DAY

Helena, Montana — Senate Chambers
February 20, 2015 — State Capitol

Senate convened at 1:00 p.m. President Barrett presiding. Invocation by Pastor Johnson. Pledge of Allegiance to the Flag.

Roll Call. All members present. Quorum present.

BILLS AND JOURNALS 2/20/2015

Correctly printed: **SB 167**, **SB 220**, **SB 235**, **SB 248**, **SB 266**, **SB 282**, **SB 335**, **SB 375**, **SB 376**, **SB 377**, **SB 378**, **SB 379**, **SB 380**, **SB 381**, **SR 23**, **SR 24**, **SJ 15**, **HB 129**, **HB 165**, **HB 186**, **HB 197**, **HB 232**.

Correctly engrossed: **SB 9**, **SB 12**, **SB 83**, **SB 99**, **SB 118**, **SB 180**, **SB 207**, **SB 219**, **SB 223**, **SB 239**, **SB 251**, **SB 253**, **SB 261**, **SB 269**, **SB 270**, **SB 292**, **SB 294**, **SB 295**, **SB 298**, **SB 312**, **SB 321**, **SB 332**, **SB 334**, **SJ 3**, **SJ 11**, **HB 162**, **HB 193**.

Transmitted to the House: **SB 48**, **SB 51**, **SB 136**, **SB 168**, **SB 256**.

Delivered to the Governor at 10:10 a.m., February 20, 2015: **SB 6**, **SB 28**, **SB 29**, **SB 32**, **SB 65**, **SB 67**, **SB 85**, **SB 95**, **SB 108**, **SB 113**, **SB 163**.

COMMUNICATIONS AND PETITIONS

A JOINT PROCLAMATION OF THE SENATE AND THE HOUSE
OF REPRESENTATIVES OF THE STATE OF MONTANA
RECOGNIZING SHODAIR CHILDREN'S HOSPITAL
2015 CHAMPION CHILD JORDYNN HARDMAN

Commending and recognizing Jordynn Hardman, a seventeen-year-old Helena girl who has been treated at Shodair Children's Hospital for a rare genetic disease; and whose spirit, maturity, and good humor has sustained her and her family through significant health challenges.

WHEREAS, Shodair Children's Hospital belongs to the Children's Miracle Network (CMN) Hospitals, an alliance of 170 hospitals across the United States and Canada, who treat 18 million children each year; and

WHEREAS, the Children's Miracle Network Champion Child Program spotlights the courageous battles of children like Jordynn with severe medical challenges; and

WHEREAS, for their courage, tenacity, and perseverance, CMN Champion Children are selected to serve as ambassadors to raise awareness and educate the public about their medical issues and why community support is so vital to their well-being; and

WHEREAS, Jordynn has been named Shodair Children's Hospital 2015 Champion Child

and represents all Montana children facing severe medical challenges; and

WHEREAS, Jordynn has Tuberous Sclerosis Complex (TSC), a rare genetic disease that can lead to the growth of noncancerous tumors throughout the body, including the brain, kidneys, heart, and lungs; and

WHEREAS, Jordynn is dedicated to raising public awareness about her medical condition and that of all Montana children with various illnesses and medical needs; and

WHEREAS, Jordynn has a genetic condition that can be progressive and life-threatening, yet she faces her diagnosis with remarkable grace and determination.

NOW, THEREFORE, BE IT PROCLAIMED BY THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA'S 64th LEGISLATURE:

That the members of this body honor Jordynn Hardman for her grace and determination in the face of significant medical challenges, and convey to her their sincere wishes for safe travel and memorable experiences during her year as Montana's Champion Child.

SIGNED BY:
Debby Barrett, President of the Senate
Matthew Rosendale, Senate Majority Leader
Jon Sesso, Senate Minority Leader
Austin Knudsen, Speaker of the House
Keith Regier, House Majority Leader
Chuck Hunter, House Minority Leader

REPORTS OF STANDING COMMITTEES

AGRICULTURE, LIVESTOCK AND IRRIGATION (T. Brown, Chair): 2/19/2015
SJ 11, introduced joint resolution, be amended as follows:

1. Title, page 1, line 8.
Following: "CATTLE"
Insert: ","
Strike: "AND"
Following: "BISON"
Insert: ", AND WILDLIFE"

2. Page 1, line 12 through line 13.
Strike: line 12 through line 13

3. Page 1, line 18.
Following: "Park"
Insert: "and the surrounding area"

4. Page 2, line 2.

Following: "cattle"
Insert: ","
Strike: "and"
Following: "bison"
Insert: ", and wildlife"

And, as amended, be adopted. Report adopted.

BUSINESS, LABOR, AND ECONOMIC AFFAIRS (Buttrey, Chair): 2/19/2015
SB 83, introduced bill, be amended as follows:

1. Title, page 1, line 11.
Following: "AMENDING SECTIONS"
Insert: "33-30-102, 33-31-111,"

2. Page 2, line 29.
Following: "must use" on line 29
Insert: "documented"

3. Page 2, line 30.
Following: "criteria that"
Strike: "have been documented to be"
Insert: "are"

4. Page 3, line 5.
Following: "shall administer"
Insert: "and oversee"

5. Page 3, line 5 through line 6.
Following: "program" on line 5
Strike: "and oversee" on line 5 through "determinations" on line 6

6. Page 3, line 9.
Following: "fails to"
Strike: "strictly"

7. Page 3, line 12 through line 14.
Following: "subsection (5)(b)" on line 12
Strike: "," on line 12 through "minor" on line 14

8. Page 3, line 16.
Following: "sections"
Strike: "10"
Insert: "17"

9. Page 3, line 19.
Following: line 19
Insert: "(6)(a) [Section 5 or 6] may not be considered exhausted based on a de minimis violation that does not cause and is not likely to cause prejudice or harm to the covered person, as long as the health insurance issuer demonstrates that the violation was for good cause or was due to matters beyond the control of the health insurance issuer and that the violation occurred in the context of an ongoing, good faith exchange of information between the health insurance issuer and the covered person or, if applicable, the covered person's authorized representative.

(b) The exception provided in subsection (6)(a) does not apply if the violation is part of a pattern or practice of violations by the health insurance issuer."
Renumber: subsequent subsections

10. Page 6, line 13.
Following: "grievance"
Insert: "requesting a review of the adverse determination pursuant to [sections 10 through 31]"

11. Page 6, line 14.
Strike: "(ii)" through ";"
Renumber: subsequent subsections

12. Page 6, line 19.
Strike: "31"
Insert: "16"

13. Page 7, line 11.
Following: "The date"
Strike: "of the original request"
Insert: "the request is received by the health insurance issuer"

14. Page 7, line 12.
Following: "counted"
Strike: ","

15. Page 7, line 28.
Following: "health care provider,"
Insert: "and"

16. Page 7, line 28 through line 29.
Following: "the claim amount"
Strike: "," on line 28 through "meaning" on line 29

17. Page 7, line 30.
Following: line 29
Insert: " (b) a statement describing the availability, upon request, of the diagnosis code and its

corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information to the covered person or, if applicable, the covered person's authorized representative as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request to file a grievance for review of an adverse determination pursuant to [sections 10 through 16] or a request for external review as outlined in [sections 17 through 31]."

Renumber: subsequent subsections

18. Page 8, line 17.
Strike: "(8)(g)"
Insert: "(8)(h)"

19. Page 8, line 28 through page 9, line 4.
Strike: subsection (i) through subsection (iii) in their entirety
Insert: "(i) provide oral language services, such as a telephone assistance hotline, that include answering questions in any applicable non-English language and providing assistance with filing benefit requests, claims, and appeals in any applicable non-English language;

(ii) provide, upon request, a notice in any applicable non-English language; and

(iii) include in the English version of the notice a prominently displayed statement in any applicable non-English language clearly indicating how to access the language services provided by the health insurance issuer.

(c) For purposes of this subsection (9), with respect to any United States county to which a notice is sent, a non-English language is an applicable non-English language if 10% or more of the population residing in the county is literate only in the same non-English language, as determined in federal guidance."

20. Page 10, line 19.
Following: "no later than"
Strike: "24"
Insert: "72"

21. Page 11, line 28.
Following: "The date"
Strike: "of the original request" on line 28
Insert: "the request is received by the health insurance issuer"

22. Page 12, line 4.
Following: "provider,"
Insert: "and"

23. Page 12, line 4.
Following: "claim amount"
Strike: ", the diagnosis code" on line 4 through "meaning" on line 5

24. Page 12, line 6.
Following: line 5
Insert: " (b) a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request to file a grievance for review of an adverse determination pursuant to [sections 10 through 16] or a request for external review as outlined in [sections 17 through 31]."
Renumber: subsequent subsections

25. Page 12, line 13.
Following: "issuer's internal"
Strike: "review"
Insert: "grievance"

26. Page 12, line 25.
Strike: "(7)(h)"
Insert: "(7)(i)"

27. Page 12, line 29.
Strike: "(7)(g)"
Insert: "(7)(h)"

28. Page 13, line 1.
Strike: "(7)(h)"
Insert: "(7)(i)"

29. Page 14, line 5.
Following: "requirement"
Strike: "expressed as a copayment amount or coinsurance rate"

30. Page 14, line 14.
Strike: "copayment or coinsurance"
Insert: "cost-sharing"

31. Page 14, line 19.
Following: line 19
Strike: "copayment or coinsurance"
Insert: "cost-sharing"

32. Page 14, line 24 through line 30.
Strike: subsection (a) through subsection (c) in their entirety
Insert: "Only in-network cost-sharing amounts may be imposed on out-of-network emergency services."

33. Page 15, line 1.
Following: "(6)"
Strike: "For an immediately required"
Insert: "If prior authorization is required for a"

34. Page 15, line 8.
Following: "coverage"
Strike: "or"
Insert: "and"

35. Page 15, line 12 through line 13.
Strike: subsection (2) in its entirety
Insert: "(2) In the outline of coverage provided to covered persons, a health insurance issuer shall include a statement indicating the section of the member handbook containing the information required in subsection (1)."

36. Page 17, line 27.
Following: "[section 15 or 16]"
Strike: "are not"
Insert: "may not be"

37. Page 17, line 27.
Following: "based on a"
Strike: "minor"
Insert: "de minimis"

38. Page 18, line 1.
Following: "covered person"
Insert: "or, if applicable, the covered person's authorized representative"

39. Page 18, line 4 through line 5.
Strike: subsection (c) in its entirety

40. Page 19, line 4.
Following: "more appropriate"
Strike: "clinical peers"
Insert: "physicians or health care professionals of the same licensure"

41. Page 19, line 4.
Following: "determination. A" on line 4
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

42. Page 19, line 6.
Following: "an appropriate"

Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

43. Page 19, line 7.
Following: "more than one"
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

44. Page 19, line 9.
Following: "subsection (4), each"
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

45. Page 19, line 19.
Strike: "(11)(e)(iii)"
Insert: "(11)(f)(iii)"

46. Page 20, line 1.
Following: "issuer shall"
Strike: "make"
Insert: "disclose"

47. Page 20, line 1.
Following: "subsection (6)"
Strike: "known"

48. Page 20, line 2.
Following: "authorized representative"
Insert: ", in writing:
(a) in the notice of adverse determination that is the subject of the grievance; or
(b) in a separate notice sent"

49. Page 20, line 15.
Following: "30 days"
Insert: "in the case of a prospective review or 60 days in the case of a retrospective review"

50. Page 20, line 29.
Following: "credentials of each"
Strike: "person"
Insert: "physician or health care professional of the same licensure"

51. Page 21, line 1.
Following: "provider,"
Insert: "and"

52. Page 21, line 1 through line 2.
Following: "claim amount" on line 1
Strike: ", the diagnosis" on line 1 through the second "corresponding meaning" on line 2

53. Page 21, line 3.
Following: line 2
Insert: " (c) a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request to file a grievance for review of an adverse determination pursuant to [sections 10 through 16] or a request for external review as outlined in [sections 17 through 31]."
Renumber: subsequent subsections

54. Page 21, line 3.
Following: "statement from the"
Strike: "persons"
Insert: "physicians or health care professionals of the same licensure"

55. Page 21, line 5.
Strike: "persons"
Insert: "physicians or health care professionals of the same licensure"

56. Page 21, line 10.
Strike: "(11)(e)"
Insert: "(11)(f)"

57. Page 22, line 1.
Strike: "(11)(e)(iv)"
Insert: "(11)(f)(iv)"

58. Page 22, line 3.
Strike: "(11)(e)(v)"
Insert: "(11)(f)(v)"

59. Page 22, line 13.
Strike: "(11)(e)(ix)"
Insert: "(11)(f)(ix)"

60. Page 22, line 27.
Following: line 27
Strike: "appropriate clinical peers"
Insert: "physicians or health care professionals of the same licensure"

61. Page 22, line 27.
Following: "An appointed"
Strike: "clinical peer"
Insert: "physician or health care professional of the same licensure"

62. Page 23, line 17.
Following: "credentials of each"
Strike: "person"
Insert: "physician or health care professional of the same licensure"

63. Page 23, line 18 through line 19.
Following: "including" on line 18
Strike: "as applicable"

64. Page 23, line 19.
Following: "health care provider,"
Insert: "and, if applicable,"

65. Page 23, line 19 through 20.
Following: "the claim amount"
Strike: ", the diagnosis code and" through the second "meaning" on line 20

66. Page 23, line 21.
Following: line 20
Insert: "(c) a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information as soon as practicable. A health insurance issuer may not consider a request for the diagnosis code and treatment information, in itself, to be a request to file a grievance for external review as outlined in [sections 17 through 31]."
Renumber: subsequent subsections

67. Page 23, line 21.
Following: "a statement"
Strike: "of the reviewers'"
Insert: "from the physicians or health care professionals of the same licensure participating in the review of their"

68. Page 23, line 22.
Strike: "reviewers"
Insert: "physicians or health care professionals of the same licensure"

69. Page 24, line 15.
Strike: "(8)(e)(iv)"
Insert: "(8)(f)(iv)"

70. Page 24, line 17.
Strike: "(8)(e)(v)"
Insert: "(8)(f)(v)"

71. Page 24, line 20.
Following: "statement"
Insert: ", if applicable"

72. Page 24, line 27.
Strike: "(8)(e)"
Insert: "(8)(f)"

73. Page 28, line 3.
Following: "request for external review to"
Strike: "the office of the insurance commissioner"
Insert: "us"

74. Page 28, line 4.
Following: "number of the"
Strike: "office of the insurance commissioner"
Insert: "unit of the health insurance issuer that administers the external review program"

75. Page 28, line 5.
Following: "(3)"
Insert: "(a)"
Renumber: subsequent subsections

76. Page 28, line 6.
Following: "The notice must"
Insert: "also"

77. Page 28, line 8.
Following: ", and"
Insert: ", if applicable,"

78. Page 28, line 8.
Following: "the claim amount"
Strike: ", if applicable"

79. Page 28, line 9 through line 10.
Strike: "a statement" on line 9 through "corresponding meaning." on line 10
Insert: "a statement describing the availability, upon request, of the diagnosis code and its corresponding meaning and the treatment code and its corresponding meaning. On receiving a request for a diagnosis or treatment code, the health insurance issuer shall provide the information as soon as practicable. A health insurance issuer may not consider

a request for the diagnosis code and treatment information, in itself, to be a request for an external review as outlined in [sections 17 through 31]."

80. Page 28, line 11 through line 13.
Strike: subsection (b) in its entirety

81. Page 28, line 19.
Following: "representative within"
Strike: "30 days of"
Insert: "the time period provided in [section 15 or 16], as applicable, after"

82. Page 29, line 23.
Following: "[section"
Strike: "22"
Insert: "24"

83. Page 29, line 25.
Following: "[section"
Strike: "23"
Insert: "24"

84. Page 30, line 16.
Strike: "commissioner"
Insert: "health insurance issuer"

85. Page 31, line 1 through line 2.
Following: "issuer within" on line 1
Strike: "30 days following" on lines 1 and 2
Insert: "the time period provided in [section 15 or 16], as applicable, from"

86. Page 32, line 13.
Following: "(1) Within"
Strike: "6"
Insert: "4"

87. Page 32, line 16.
Following: "with the"
Strike: "commissioner"
Insert: "health insurance issuer"

88. Page 32, line 17 through line 19.
Following: "(2) Within" on line 17
Strike: "1 business day" on line 17 through "(3) Within" on line 19
Renumber: subsequent subsections

89. Page 32, line 19.
Following: "receipt of"
Strike: "the copy of"

90. Page 32, line 19 through line 20.
Following: "external review request" on line 19
Strike: "from the commissioner"

91. Page 33, line 4.
Following: "(4)"
Insert: "(a)"

92. Page 33, line 5.
Following: "notify the"
Strike: "commissioner and the"

93. Page 33, line 7.
Strike: "(a)"
Insert: "(i)"

94. Page 33, line 8.
Strike: "(b)"
Insert: "(ii)"

95. Page 33, line 9.
Strike: "(5)(a)"
Insert: "(b)(i)"

96. Page 33, line 9.
Following: "shall inform"
Strike: "the commissioner and"

97. Page 33, line 12.
Strike: "(b)"
Insert: "(ii)"

98. Page 33, line 12 through line 13.
Following: "shall inform" on line 12
Strike: "the commissioner and"

99. Page 33, line 16.
Following: "subsection"
Strike: "(5)"
Insert: "(3)"

100. Page 33, line 17.
Following: "subsection"
Strike: "(5)"
Insert: "(3)"

101. Page 33, line 21.
Following: "commissioner receives"
Strike: "a request under [section 20]"
Insert: "an appeal under subsection (4)"

102. Page 33, line 24.
Following: "under subsection"
Strike: "(7)(a)"
Insert: "(5)(a)"

103. Page 33, line 26 through line 28.
Following: "(8)" on line 26
Strike: "Whenever" on line 26 through "notice:" on line 28

104. Page 33, line 29.
Following: "(a)"
Insert: "If the request is eligible for external review, the health insurance issuer shall within 1 business day"

105. Page 33, line 29.
Following: "review organization"
Insert: "on a random basis, or using another method of assignment that ensures the independence and impartiality of the assignment process,"

106. Page 34, line 1.
Following: "review"
Strike: ";"
Insert: "."

107. Page 34, line 2 through line 5.
Strike: subsection (b) through subsection (c) in their entirety
Insert: " (b) In making the assignment, the health insurance issuer shall consider whether an independent review organization is qualified to conduct the particular external review based on the nature of the health care service or treatment that is the subject of the adverse determination or final adverse determination.

(c) The health insurance issuer shall also take into account other circumstances, including conflict of interest concerns pursuant to [section 27(4)]."

108. Page 34, line 10.
Following: line 9

Insert: " (8) Within 1 business day of assigning an independent review organization pursuant to subsection (6), the health insurance issuer shall notify, in writing, the covered person or, if applicable, the covered person's authorized representative that the health insurance issuer initiated an external review."

109. Page 34, line 10.
Following: "(10) The"
Strike: "commissioner"
Insert: "health insurance issuer"

110. Page 34, line 12.
Following: "organization within"
Strike: "5"
Insert: "10"

111. Page 34, line 15.
Following: "submitted within"
Strike: "5"
Insert: "10"

112. Page 34, line 16.
Following: "after the"
Strike: "5"
Insert: "10"

113. Page 34, line 18.
Following: "5 business days after"
Strike: "the date of receipt of the notice provided"
Insert: "assigning an independent review organization"
Following: "subsection"
Strike: "(8)"
Insert: "(6)"

114. Page 34, line 22.
Strike: "(13)"
Insert: "(12)"

115. Page 34, line 24.
Strike: "(11)"
Insert: "(10)"

116. Page 34, line 26.
Strike: "(11)"
Insert: "(10)"

117. Page 34, line 29.
Strike: "(13)(a)"
Insert: "(12)(a)"

118. Page 35, line 1.
Following: "health insurance issuer"
Strike: "and the commissioner"

119. Page 35, line 2.
Strike: "(13)"
Insert: "(12)"

120. Page 35, line 3.
Strike: "(11)"
Insert: "(10)"

121. Page 35, line 5.
Strike: "(10)"
Insert: "(9)"

122. Page 35, line 7.
Strike: "(10)"
Insert: "(9)"

123. Page 35, line 9.
Strike: "(15)"
Insert: "(14)"

124. Page 35, line 13.
Strike: "(16)"
Insert: "(15)"

125. Page 35, line 19.
Strike: "(18)"
Insert: "(17)"

126. Page 35, line 21.
Following: "authorized representative;"
Insert: "and"

127. Page 35, line 22.
Following: "organization"
Strike: "; and"
Insert: "."

128. Page 35, line 23.
Strike: subsection (iii) in its entirety

129. Page 35, line 25.
Strike: "(19)(a)"
Insert: "(18)(a)"

130. Page 35, line 26.
Strike: "(11)"
Insert: "(10)"

131. Page 35, line 27.
Following: "review organization"
Insert: "shall consider the following information and documents in making a decision"

132. Page 35, line 27 through line 28.
Following: "are available" on line 27
Strike: "and the" on line 27 through "decision" on line 28

133. Page 36, line 13.
Strike: "(20)(a) through (20)(f)"
Insert: "(19)(a) through (19)(f)"

134. Page 36, line 13 through line 14.
Following: "are available" on line 13
Strike: "and" on line 13 through "appropriate" on line 14

135. Page 36, line 18.
Following: "representative;"
Insert: "and"

136. Page 36, line 19.
Following: "health insurance issuer"
Strike: "; and"
Insert: "."

137. Page 36, line 20.
Strike: subsection (c) in its entirety

138. Page 36, line 21.
Strike: "(21)"
Insert: "(20)"

139. Page 36, line 23.
Following: "assignment from the"

Strike: "commissioner"
Insert: "health insurance issuer"

140. Page 37, line 1.
Strike: "(21)"
Insert: "(20)"

141. Page 37, line 4 through line 11.
Strike: subsection (24) in its entirety

142. Page 37, line 15.
Following: "review with the"
Strike: "commissioner"
Insert: "health insurance issuer"

143. Page 37, line 30 through page 38, line 2.
Following: "(2)"
Strike: "On receipt" on page 37, line 30 through "(3)" on page 38, line 2
Renumber: subsequent subsections

144. Page 38, line 2.
Following: "subsection"
Strike: "(2)"
Insert: "(1)"

145. Page 38, line 3.
Following: "[section 22"
Strike: "(3)"
Insert: "(2)"

146. Page 38, line 4.
Following: "notify the"
Strike: "commissioner and the"

147. Page 38, line 7.
Following: "subsection"
Strike: "(3)(b)"
Insert: "(2)(b)"

148. Page 38, line 8.
Following: "subsection"
Strike: "(3)(b)"
Insert: "(2)(b)"

149. Page 38, line 11.

Following: "review."
Insert: "The notice must also provide contact information for the commissioner's office."

150. Page 38, line 13.
Following: "22"
Strike: "(7)"
Insert: "(5)"

151. Page 38, line 15.
Following: "subsection"
Strike: "(5)(a)"
Insert: "(4)(a)"

152. Page 38, line 17.
Following: line 17
Strike: subsection (6) in its entirety
Insert: "(5)(a) If the request is eligible for external review, the health insurance issuer shall immediately assign an independent review organization on a random basis, or using another method of assignment that ensures the independence and impartiality of the assignment process, from the list of approved independent review organizations compiled and maintained by the commissioner pursuant to [section 26] to conduct the review.

(b) In making the assignment, the health insurance issuer shall consider whether an independent review organization is qualified to conduct the particular external review based on the nature of the health care service or treatment that is the subject of the adverse determination or final adverse determination.

(c) The health insurance issuer shall also take into account other circumstances, including conflict of interest concerns pursuant to [section 27(4)]."

153. Page 38, line 22.
Following: "subsection"
Strike: "(10)"
Insert: "(9)"

154. Page 38, line 26.
Following: "(8)"
Strike: "On receipt of the commissioner's notice containing the name of the"
Insert: "Upon assigning an"

155. Page 38, line 27.
Following: line 27
Strike: "assigned to conduct the expedited external review"

156. Page 39, line 1.
Following: "subsection"
Strike: "(8)"

Insert: "(7)"

157. Page 39, line 2 through line 3.
Following: "are available" on line 2
Strike: "and the independent review organization considers them appropriate"

158. Page 39, line 3.
Strike: "(20)"
Insert: "(19)"

159. Page 39, line 7.
Following: "[section 22"
Strike: "(3)"
Insert: "(2)"

160. Page 39, line 10.
Following: "insurance issuer"
Strike: "and the commissioner"

161. Page 39, line 11.
Following: "subsection"
Strike: "(10)(a)"
Insert: "(9)(a)"

162. Page 39, line 14.
Following: "insurance issuer"
Strike: "and the commissioner"

163. Page 39, line 15.
Strike: "(22)"
Insert: "(21)"

164. Page 39, line 21 through line 28.
Strike: subsection (13) in its entirety

165. Page 40, line 1.
Following: "Within"
Strike: "6"
Insert: "4"

166. Page 40, line 6.
Following: "review with the"
Strike: "commissioner"
Insert: "health insurance issuer"

167. Page 40, line 12.
Following: "(b)"
Strike: "On"
Insert: "(i) Upon"

168. Page 40, line 12 through line 14.
Following: "external review," on line 12
Strike: "the commissioner" on line 12 through "subsection (2)(b)," on line 14
Renumber: subsequent subsections

169. Page 40, line 15.
Following: "determine"
Insert: "and notify the covered person or, if applicable, the covered person's authorized representative"

170. Page 40, line 16 through line 17.
Strike: subsection (ii) in its entirety
Renumber: subsequent subsections

171. Page 40, line 19.
Following: "subsection"
Strike: "(2)(c)(ii)"
Insert: "(2)(b)(i)"

172. Page 40, line 20.
Following: "subsection"
Strike: "(2)(c)(ii)"
Insert: "(2)(b)(i)"

173. Page 40, line 23.
Following: "review."
Insert: "The notice must also provide contact information for the commissioner's office."

174. Page 40, line 27.
Following: "subsection"
Strike: "(2)(d)(i)"
Insert: "(2)(c)(i)"

175. Page 40, line 29 through page 41, line 4.
Following: line 9
Strike: subsection (e) in its entirety
Insert: "(d)(i) If the request is eligible for expedited external review, the health insurance issuer shall immediately assign an independent review organization on a random basis, or using another method of assignment that ensures the independence and impartiality of the assignment process, from the list of approved independent review organizations compiled

and maintained by the commissioner pursuant to [section 26] to conduct the external review.

(ii) In making the assignment, the health insurance issuer shall consider whether an independent review organization is qualified to conduct the particular external review based on the nature of the health care service or treatment that is the subject of the adverse determination or final adverse determination.

(iii) The health insurance issuer shall also take into account other circumstances, including conflict of interest concerns pursuant to [section 27(4)]."

176. Page 41, line 5.
Following: "(f)"
Strike: "On" through "subsection (2)(e)" on line 6
Insert: "Upon assigning an independent review organization"

177. Page 41, line 10 through line 12.
Following: line 10
Strike: subsection (3) in its entirety
Insert: "(3) Upon receipt of a request for standard external review, the health insurance issuer shall, within 5 business days, determine whether the request meets the eligibility requirements of subsection (4)."

178. Page 41, line 13 through line 14.
Following: "(4)"
Strike: "Within" on line 13 through "subsection (3)," on line 14
Insert: "In accordance with the timeframes in subsections (2)(b) and (3),"

179. Page 42, line 11.
Following: "treatments;"
Insert: "and"

180. Page 42, line 13.
Following: "[section 14(2)]"
Strike: "; and"
Insert: "."

181. Page 42, lines 14 and 15.
Strike: subsection (f) in its entirety

182. Page 42, line 16.
Following: "(5)"
Insert: "(a)"

183. Page 42, line 17.
Following: "notify"
Strike: "the commissioner and"

184. Page 42, line 19.
Strike: "(a)"
Insert: "(i)"

185. Page 42, line 20.
Strike: "(b)"
Insert: "(ii)"

186. Page 42, line 21.
Strike: "(6)(a)"
Insert: "(b)(i)"
Renumber: subsequent subsections

187. Page 42, line 21.
Following: "inform"
Strike: "the commissioner and"

188. Page 42, line 24.
Strike: "(b)"
Insert: "(ii)"

189. Page 42, line 24 through line 25.
Following: "shall inform" on line 24
Strike: "the commissioner and"

190. Page 42, line 28.
Strike: "(6)"
Insert: "(5)"

191. Page 42, line 29.
Strike: "(6)"
Insert: "(5)"

192. Page 43, line 2.
Following: "review."
Insert: "The notice must also provide contact information for the commissioner's office."

193. Page 43, line 4.
Following: "notify"
Strike: "the commissioner and"

194. Page 43, line 6 through line 14.
Following: line 6
Strike: subsection (9) in its entirety
Insert: "(8)(a) If the request is eligible for external review, the health insurance issuer shall within

1 business day assign an independent review organization on a random basis, or using another method of assignment that ensures the independence and impartiality of the assignment process, from the list of approved independent review organizations compiled and maintained by the commissioner pursuant to [section 26] to conduct the external review.

(b) In making the assignment, the health insurance issuer shall consider whether an independent review organization is qualified to conduct the particular external review based on the nature of the health care service or treatment that is the subject of the adverse determination or final adverse determination.

(c) The health insurance issuer shall also take into account other circumstances, including conflict of interest concerns pursuant to [section 27(4)].

(9) Within 1 business day of assigning an independent review organization pursuant to subsection (2)(d) or (8), the health insurance issuer shall notify in writing the covered person or, if applicable, the covered person's authorized representative that the health insurance issuer initiated an external review."

195. Page 43, line 15.
Following: "The"
Strike: "commissioner"
Insert: "health insurance issuer"

196. Page 43, line 18.
Strike: "5"
Insert: "10"

197. Page 43, line 20.
Following: "within"
Strike: "5"
Insert: "10"

198. Page 43, line 21.
Following: "after the"
Strike: "5"
Insert: "10"

199. Page 43, line 25.
Following: "select"
Strike: "one" through "subsection (12)" on line 26
Insert: "a clinical peer, or multiple peers if medically appropriate under the circumstances"

200. Page 44, line 13.
Following: "after"
Strike: "the date of receipt of the notice provided"
Insert: "assigning an independent review organization"

201. Page 48, line 16 through line 23.
Strike: subsection (23) in its entirety

202. Page 50, line 6.
Following: "sections 22"
Strike: "and 23"
Insert: ", 23, and 24"

203. Page 53, line 7.
Strike: "January"
Insert: "March"

204. Page 53, line 17.
Following: "section 22"
Strike: "(18)"
Insert: "(17) or 24(15)"

205. Page 53, line 20.
Strike: "and"

206. Page 53, line 21.
Insert: "(f) a record of the requests for external review that the health insurance issuer did not assign to a specific independent review organization according to the scheduled rotation due to lack of qualification; and"
Renumber: subsequent subsections

207. Page 53, line 24.
Strike: "by state and"

208. Page 53, line 26.
Strike: "from the commissioner"

209. Page 53, line 28.
Strike: "January"
Insert: "March"

210. Page 55.
Following: line 5
Insert: "Section 32. Section 33-30-102, MCA, is amended to read:

"33-30-102. Application of this chapter -- construction of other related laws. (1) All health service corporations are subject to the provisions of this chapter. In addition to the provisions contained in this chapter, other chapters and provisions of this title apply to health service corporations as follows: 33-2-1212; 33-3-307; 33-3-308; 33-3-401; 33-3-431; 33-3-701 through 33-3-704; 33-17-101; Title 33, chapter 2, part 19; Title 33, chapter 17, parts 2 and 10 through 12; and Title 33, chapters 1, 15, 18, 19, ~~and~~ 22, and 32, except 33-22-111.

(2) A law of this state other than the provisions of this chapter applicable to health service corporations must be construed in accordance with the fundamental nature of a health service corporation, and in the event of a conflict, the provisions of this chapter prevail.""

Insert: "Section 33. Section 33-31-111, MCA, is amended to read:

"33-31-111. Statutory construction and relationship to other laws. (1) Except as otherwise provided in this chapter, the insurance or health service corporation laws do not apply to a health maintenance organization authorized to transact business under this chapter. This provision does not apply to an insurer or health service corporation licensed and regulated pursuant to the insurance or health service corporation laws of this state except with respect to its health maintenance organization activities authorized and regulated pursuant to this chapter.

(2) Solicitation of enrollees by a health maintenance organization granted a certificate of authority or its representatives is not a violation of any law relating to solicitation or advertising by health professionals.

(3) A health maintenance organization authorized under this chapter is not practicing medicine and is exempt from Title 37, chapter 3, relating to the practice of medicine.

(4) This chapter does not exempt a health maintenance organization from the applicable certificate of need requirements under Title 50, chapter 5, parts 1 and 3.

(5) This section does not exempt a health maintenance organization from the prohibition of pecuniary interest under 33-3-308 or the material transaction disclosure requirements under 33-3-701 through 33-3-704. A health maintenance organization must be considered an insurer for the purposes of 33-3-308 and 33-3-701 through 33-3-704.

(6) This section does not exempt a health maintenance organization from:

(a) prohibitions against interference with certain communications as provided under Title 33, chapter 1, part 8;

(b) the provisions of Title 33, chapter 22, part 19;

(c) the requirements of 33-22-134 and 33-22-135;

(d) network adequacy and quality assurance requirements provided under chapter 36; or

(e) the requirements of Title 33, chapter 18, part 9.

(7) Title 33, chapter 1, parts 12 and 13, Title 33, chapter 2, part 19, 33-2-1114, 33-2-1211, 33-2-1212, 33-3-401, 33-3-422, 33-3-431, 33-15-308, Title 33, chapter 17, Title 33, chapter 19, 33-22-107, 33-22-129, 33-22-131, 33-22-136, 33-22-137, 33-22-138, 33-22-141, 33-22-142, 33-22-152, 33-22-153, 33-22-156 through 33-22-159, 33-22-244, 33-22-246, 33-22-247, 33-22-514, 33-22-515, 33-22-521, 33-22-523, 33-22-524, 33-22-526, 33-22-706, Title 33, chapter 32[, and Title 33, chapter 40, part 1,] apply to health maintenance organizations. (Bracketed language in (7) terminates December 31, 2017--sec. 14, Ch. 363, L. 2013.)""

Renumber: subsequent sections

211. Page 56, line 9.

Strike: "in an external review"

212. Page 56, line 28.

Insert: "(9) “Cost sharing” means the share of costs that a covered member pays under the health insurance issuer’s health plan, including maximum out-of-pocket, deductibles, coinsurance, copayments, or similar charges, but does not include premiums, balance billing amounts for out-of-network providers, or the cost of noncovered services."

Renumber: subsequent subsections

213. Page 57, line 4.
Following: ""Emergency medical condition""
Strike: remainder of subsection (12)
Insert: "has the meaning provided in 33-36-103."

214. Page 57, line 9.
Following: ""Emergency services""
Strike: remainder of subsection (13)
Insert: "has the meaning provided in 33-36-103."

215. Page 58, line 1.
Following: "subsection"
Strike: "(2)(a)"
Insert: "(18)(a)"

216. Page 58, line 25.
Strike: "patient"
Insert: "covered person"

217. Page 59, line 11.
Strike: "(28)(c)"
Insert: "(29)(c)"

218. Page 59, line 15.
Strike: "(28)(a)"
Insert: "(29)(a)"

219. Page 60, line 30.
Strike: "The"
Insert: "Except as provided in subsections (2) and (3), the"

And, as amended, do pass. Report adopted.

SB 99, introduced bill, be amended as follows:

1. Title, page 1, line 6 through line 8.
Strike: "RETAIN" on line 6 through "INSURANCE" on line 8
Insert: "REMOVE THE PURCHASING"

2. Title, page 1, line 9 through line 12.
Strike: "PROVIDING" on line 9 through "PROGRAM;" on line 12
Insert: "SHIFTING THE AUTHORITY OF THE BOARD OF DIRECTORS OF THE SMALL BUSINESS HEALTH INSURANCE POOL TO THE INSURANCE COMMISSIONER;

REMOVING AUTHORITY TO SEEK A FEDERAL WAIVER FOR MEDICAID MATCHING FUNDS; APPROPRIATING 9% OF PREMIUM TAX TO FUND THE INSURE MONTANA PROGRAM;"

3. Title, page 1, line 12.
Strike: "15-30-2110" through "15-31-511,"
Insert: "33-2-708,"

4. Title, page 1, line 13.
Strike: "45-6-301,"

5. Title, page 1, line 15.
Strike: "AND AN APPLICABILITY DATE"

6. Page 1, line 19 through page 8, line 27.
Strike: section 1 through section 3 in their entirety
Insert: "Section 1. Section 33-2-708, MCA, is amended to read:

"33-2-708. Fees and licenses. (1) (a) Except as provided in 33-17-212(2), the commissioner shall collect a fee of $1,900 from each insurer applying for or annually renewing a certificate of authority to conduct the business of insurance in Montana.

(b) The commissioner shall collect certain additional fees as follows:

(i) nonresident insurance producer's license:

(A) application for original license, including issuance of license, if issued, $100;

(B) biennial renewal of license, $50;

(C) lapsed license reinstatement fee, $100;

(ii) resident insurance producer's license lapsed license reinstatement fee, $100;

(iii) surplus lines insurance producer's license:

(A) application for original license and for issuance of license, if issued, $50;

(B) biennial renewal of license, $100;

(C) lapsed license reinstatement fee, $200;

(iv) insurance adjuster's license:

(A) application for original license, including issuance of license, if issued, $50;

(B) biennial renewal of license, $100;

(C) lapsed license reinstatement fee, $200;

(v) insurance consultant's license:

(A) application for original license, including issuance of license, if issued, $50;

(B) biennial renewal of license, $100;

(C) lapsed license reinstatement fee, $200;

(vi) viatical settlement broker's license:

(A) application for original license, including issuance of license, if issued, $50;

(B) biennial renewal of license, $100;

(C) lapsed license reinstatement fee, $200;

(vii) resident and nonresident rental car entity producer's license:

(A) application for original license, including issuance of license, if issued, $100;

(B) quarterly filing fee, $25;

(viii) an original notification fee for a life insurance producer acting as a viatical settlement broker, in accordance with 33-20-1303(2)(b), $50;

(ix) navigator certification:

(A) application for original certification, including issuance of certificate if issued, $100;

(B) biennial renewal of certification, $50;

(C) lapsed certification reinstatement fee, $100;

(x) 50 cents for each page for copies of documents on file in the commissioner's office.

(c) The commissioner may adopt rules to determine the date by which a nonresident insurance producer, a surplus lines insurance producer, an insurance adjuster, or an insurance consultant is required to pay the fee for the biennial renewal of a license.

(2) (a) The commissioner shall charge a fee of $75 for each course or program submitted for review as required by 33-17-1204 and 33-17-1205, but may not charge more than $1,500 to a sponsoring organization submitting courses or programs for review in any biennium.

(b) Insurers and associations composed of members of the insurance industry are exempt from the charge in subsection (2)(a).

(3) (a) Except as provided in subsection (3)(b), the commissioner shall promptly deposit with the state treasurer to the credit of the general fund all fines and penalties and those amounts received pursuant to 33-2-311, 33-2-705, 33-28-201, and 50-3-109.

(b) The commissioner shall deposit 33% of the money collected under 33-2-705 in the special revenue account provided for in 53-4-1115.

(c) The commissioner shall deposit 9% of the money collected under 33-2-705 in the state special revenue fund to the credit of the commissioner's office for the sole purpose of operating the insure Montana program provided in Title 33, chapter 22, part 20.

~~(c)~~(d) All other fees collected by the commissioner pursuant to Title 33 and the rules adopted under Title 33 must be deposited in the state special revenue fund to the credit of the state auditor's office.

(4) All fees are considered fully earned when received. In the event of overpayment, only those amounts in excess of $10 will be refunded.""

Renumber: subsequent sections

7. Page 10, line 18.
Following: "**Establishment of**"
Strike: "**small business health insurance pool**"
Insert: "insure Montana program"

8. Page 10, line 19 through 20.
Following: "known as the"
Strike: "small business" on line 19 through "pool" on line 20
Insert: "insure Montana program"

9. Page 10, line 21.
Following: "(2) The"
Insert: "members of the previous"

10. Page 10, line 21.

Following: "insurance pool"
Strike: "is"
Insert: ","

11. Page 10, line 22.
Following: "33-22-1817"
Insert: ", at the time of the creation of the insure Montana program must become members of the insure Montana program without interruption of the benefits provided under this part if they qualify for membership in the insure Montana program"

12. Page 10, line 23 through line 24.
Strike: subsection (3) in its entirety
Insert: "(3) The insure Montana program shall provide assistance to eligible small employers for the purchasing of group health plan coverage issued on or after January 1, 2015, and approved by the commissioner for the purposes of this part."

13. Page 10, line 25.
Strike: "board"
Insert: "commissioner"

14. Page 11, line 1.
Strike: "12 months"
Insert: "90 days"

15. Page 11, line 2.
Strike: "within that small group"

16. Page 11, line 3 through line 5.
Strike: subsection (5) in its entirety
Renumber: subsequent subsections

17. Page 11, line 15 through page 21, line 17.
Strike: sections 7 through 12 in their entirety
Insert: "Section 5. Section 33-22-2002, MCA, is amended to read:

"33-22-2002. ~~Small business health insurance pool~~ Insure Montana program -- definitions. As used in this part, the following definitions apply:

~~(1) "Board" means the board of directors of the small business health insurance pool as provided for in 33-22-2003.~~

~~(2)~~(1) "Dependent" has the meaning provided in 33-22-1803.

~~(3)~~(2) (a) "Eligible small employer" means an employer who is sponsoring or will sponsor a group health plan and who employed at least ~~two~~ 1 but not more than ~~nine~~ 25 employees during the preceding calendar year and who employs at least ~~two~~ 1 but not more than ~~nine~~ 25 employees on the first day of the plan year.

(b) The term includes small employers who obtain group health plan coverage through a qualified association health plan.

~~(4)~~(3) "Employee" means an eligible employee as defined in 33-22-1803.

~~(5)~~(4) "Group health plan" means health insurance coverage offered in connection with a group health plan or health insurance coverage offered to an eligible group as described in 33-22-501, issued on or after January 1, 2015, and approved by the commissioner for purposes of this part.

~~(6)~~(5) "Premium" means the amount of money that a health insurance issuer charges to provide coverage under a group health plan.

~~(7)~~(6) "Premium assistance payment" means a payment provided for in 33-22-2006 on behalf of employees who qualify to be applied on a monthly basis to premiums paid for a group health plan ~~coverage through the purchasing pool~~ or a ~~through~~ qualified association health ~~plans~~ plan.

~~(8)~~(7) "Premium incentive payment" means a payment provided for in 33-22-2007(1)(b) to eligible small employers who qualify under 33-22-2007 to be applied to premiums paid on a monthly basis for a group health plan ~~coverage obtained through the purchasing pool or through~~ or a qualified association health ~~plans~~ plan.

~~(9) "Purchasing pool" means the small business health insurance pool.~~

~~(10)~~(8) "Qualified association health plan" means a plan established by an association whose members consist of employers who sponsor group health plans for their employees and purchase that coverage through an association that qualifies as a bona fide association, as defined in 33-22-1803, or nonbona fide, as provided for in administrative rule. A qualified association health plan is subject to applicable employer group health insurance law and must receive approval from the commissioner to operate as a qualified association health plan for the purposes of this part.

~~(11)~~(9) "Related employers" means:

(a) affiliates or affiliated entities or persons who directly or indirectly, through one or more intermediaries, control, are controlled by, or are under common control with a specified entity or person; or

(b) entities or persons that are eligible to file a combined or joint tax return for purposes of state taxation.

~~(12)~~(10) "Tax credit" means a refundable tax credit as provided for in 33-22-2008.

~~(13)~~(11) "Tax year" means the taxpayer's tax year for federal income tax purposes.""

Insert: "Section 6. Section 33-22-2005, MCA, is amended to read:

"33-22-2005. Duties of commissioner -- rulemaking authority. ~~Subject to the conditions in 53-6-1201, the~~ (1) The commissioner shall:

~~(1)~~(a) adopt rules regarding the implementation of this part, including rules regarding the administration of the premium incentive payments, premium assistance payments, and tax credits, the approval of qualified association health plans, and the registration process. The rules regarding tax credits may not relate to the filing of tax returns and claiming the tax credit on the tax returns.

~~(2)~~(b) supervise the creation of the ~~purchasing pool~~ insure Montana program within the limits described in this part;

~~(3) approve or disapprove the operating plan for the purchasing pool;~~

~~(4) if the board chooses to hire one, approve or disapprove the selection of a third-party administrator to handle the administration of the purchasing pool;~~

~~(5) with the assistance of the department of public health and human services, approve or disapprove the schedule of premium incentive payment or premium assistance payment amounts adopted by the board as provided in 33-22-2004;~~

~~(6) approve or disapprove any contracts between a health insurance issuer and the purchasing pool;~~

~~(7) approve or disapprove all group health plans being offered by insurers through the purchasing pool;~~

~~(8) conduct periodic audits of the financial transactions conducted by the purchasing pool;~~

~~(9) allow up to 30%, or more if requested by the board and approved by the commissioner, of the available funding for the premium incentive payments and premium assistance payments to be applied to small group health plan coverage purchased through a qualified association health plan;~~

~~(10) make applicable premium incentive payments or premium assistance payments for qualified association health plan coverage on behalf of eligible small employers and employees or direct the purchasing pool to make the payments; and~~

~~(11) approve or disapprove associations as qualified if their members consist of employers who sponsor group health plan coverage for their employees and purchase that coverage through an association that qualifies as a bona fide association, as defined in 33-22-1803, or nonbona fide, as provided for in administrative rule. A qualified association health plan is subject to applicable employer group health insurance law.~~

(c) establish an operating plan that includes but is not limited to administrative and accounting procedures for the operation of the insure Montana program and a schedule for premium incentive payments and premium assistance payments and that complies with the powers and duties provided for in this section;

(d) require eligible small employers and employees to reapply for premium incentive payments or premium assistance payments on an annual basis;

(e) upon timely reapplication, give priority to eligible small employers and their employees who are already receiving the premium incentive payments and premium assistance payments. If the reapplication is more than 30 days late, the priority will not be given and the eligible small employer will be added to the waiting list provided for in 33-22-2008.

(f) adopt a premium incentive payment schedule that is based on a percentage of the eligible small employer's share of the premium and apply the schedule uniformly to all registered eligible small employers who provide group health plan coverage;

(g) adopt premium assistance payment amounts that, in combination with the premium incentive payments, are consistent with the amounts provided for in 33-22-2006 and 33-22-2008 or adopt a premium assistance payment schedule that is equitably proportional to the income or wage level for employees;

(h) establish criteria for determining which employees will be eligible for a premium assistance payment and the amount that the employees will receive from among those eligible small employers that have registered with the commissioner pursuant to 33-22-2008 and applied for coverage under a group health plan;

(i) make appropriate changes to eligibility for other elements in the operating plan as needed to reach the goal of expanding 100% of the funding dedicated to premium incentive payments and premium assistance payments during the current biennium; and

(j) limit the total amount of premium incentive payments and premium assistance payments paid to the amount of available state, federal, and private funding.

(2) The commissioner may:

(a) assess members for costs associated with administration of the insure Montana program and transfer funds or request that the department of public health and human services transfer

funds from the health and medicaid initiatives special revenue account, as provided in 53-6-1201, for that purpose;

(b) set contribution levels for eligible small employers;

(c) at least 30 days before the end of the current fiscal year, transfer funds from the funds appropriated for premium incentive payments and premium assistance payments to the department of revenue for reimbursement of the general fund to offset tax credits if the number of eligible small employers seeking premium incentive payments and employees receiving premium assistance payments is insufficient to exhaust the appropriated funds for the premium incentive payments and premium assistance payments during a fiscal year;

(d) at least 90 days before the end of the current fiscal year, transfer funds from the funds allocated for tax credits to the funds appropriated for premium incentive payments and premium assistance payments if the number of eligible small employers seeking tax credits is insufficient to exhaust the funds allocated for tax credits during a fiscal year; and

(e) make premium payments to insurers on behalf of the eligible small employers and employees.""

Insert: "Section 7. Section 33-22-2006, MCA, is amended to read:

"33-22-2006. Premium incentive payments, premium assistance payments, and tax credits for small employer health insurance premiums paid ~~-- eligibility for small group coverage~~ -- amounts. (1) An employer is eligible to apply for premium incentive payments and premium assistance payments or a tax credit under this part if the employer and any related employers:

(a) did not have more than the number of employees established for eligibility by the commissioner at the time of registering for premium incentive payments or premium assistance payments or a tax credit under 33-22-2008;

(b) provide or will provide a group health plan that meets the requirements of creditable coverage for the employer's and any related employer's employees;

(c) do not have delinquent state tax liability owing to the department of revenue from previous years; and

(d) have been registered as eligible small employer participants by the commissioner as provided in 33-22-2008.

(2) In addition to the requirements in subsection (1), a small employer is eligible to apply for a tax credit or a premium incentive payment under this part if the small employer and any related employers ~~do~~ did not have any employees, not including an owner, partner, or shareholder of the business, who received more than $75,000 in wages, as defined in 39-71-123, from the small employer or related employer in the prior tax year.

(3) In addition to the requirements of subsections (1) and (2), an owner, partner, or shareholder of an eligible small employer who received more than $75,000 in wages, as defined in 39-71-123, and those individuals' spouses who are employees are not eligible under this chapter for a tax credit for group health plan premiums paid by the eligible small employer for group health plan coverage for the individual or the individual's dependents.

(4) In addition to the requirements in subsection (1), an owner or employee is not eligible to apply for a premium assistance payment under this part if the owner or employee has a household income greater than 400% of the federal poverty level for the year in which an application or application renewal is made.

(5) Subject to the requirements of subsection (4), the ~~small business health insurance pool~~

insure Montana program may authorize a premium incentive payment for the premium share paid by an eligible small employer and related employers for a group health plan for:

(a) the owner or employee of the eligible small employer and related employers;

(b) a spouse of an owner or employee provided for in subsection (5)(a); or

(c) dependents of the owner or employee provided for in subsection (5)(a).

(6) An employee, including an owner, partner, or shareholder or any dependent of an employee, who is also eligible for the children's health insurance program provided for under Title 53, chapter 4, part 10, or medicaid under Title XIX of the Social Security Act may become ineligible to receive a premium assistance payment.

(7) The commissioner shall establish, by rule, the maximum number of employees that an employer may employ to be qualified as an eligible small employer under subsection (1). The maximum number may be different for eligible small employers seeking premium incentive payments and premium assistance payments than for eligible small employers seeking a tax credit. The number must be set to maximize the number of employees receiving coverage under this part. The commissioner may not change the maximum employee number more often than every 6 months. If the maximum number of allowable employees is changed, the change does not disqualify registered eligible small employers with respect to the tax year for which the eligible small employer has registered.

(8) Except as provided in subsection (3), an eligible small employer may claim a tax credit in the following amounts:

(a) (i) not more than $100 each month for each employee and $100 each month for each employee's spouse, if the eligible small employer covers the employee's spouse, if the average age of the group is under 45 years of age; or

(ii) not more than $125 each month for each employee and $100 each month for each employee's spouse, if the eligible small employer covers the employee's spouse, if the average age of the group is 45 years of age or older; and

(b) not more than $40 each month for each dependent, other than the employee's spouse, if the eligible small employer is paying for coverage for the dependents, not to exceed two dependents of an employee in addition to the employee's spouse.

(9) An eligible small employer may not claim a tax credit:

(a) in excess of 50% of the total premiums paid by the eligible small employer for the ~~qualifying small~~ group health plan;

(b) for premiums paid from a medical care savings account provided for in Title 15, chapter 61; or

(c) for premiums for which a deduction is claimed under 15-30-2131 or 15-31-114.

(10) An eligible small employer may not claim a premium incentive payment in excess of 50% of the total premiums paid by the eligible small employer for the ~~qualifying small~~ group health plan.""

Insert: "Section 8. Section 33-22-2007, MCA, is amended to read:

"33-22-2007. Filing for tax credit -- filing for premium incentive payments and premium assistance payments. (1) An eligible small employer may:

(a) apply the tax credit against taxes due for the current tax year on a return filed pursuant to Title 15, chapter 30 or 31; or

(b) apply to receive monthly premium incentive payments and premium assistance payments to be applied to ~~coverage obtained through the purchasing pool~~ group health plan or

qualified association health plan coverage approved by the commissioner.

(2) An eligible small employer may not, in the same tax year, apply the tax credit against taxes due for the current tax year as provided for in subsection (1)(a) and receive premium incentive payments as provided for in subsection (1)(b).

(3) The premium incentive payments and premium assistance payments provided for in subsection (1)(b) must be paid pursuant to a plan of operation implemented by the ~~board~~ commissioner and any applicable administrative rules.

(4) (a) If an eligible small employer's tax credit as provided in subsection (1)(a) exceeds the employer's liability under 15-30-2103 or 15-31-121, the amount of the excess must be refunded to the eligible small employer. The tax credit may be claimed even if the eligible small employer has no tax liability under 15-30-2103 or 15-31-121.

(b) A tax credit is not allowed under 15-30-2367, 15-31-132, or any other provision of Title 15, chapter 30 or 31, with respect to any amount for which a tax credit is allowed under this part.

(5) The department of revenue or the commissioner may grant a reasonable extension for filing a claim for premium incentive payments or premium assistance payments or a tax credit whenever, in the department's or the commissioner's judgment, good cause exists. The department of revenue and the commissioner shall keep a record of each extension and the reason for granting the extension.

(6) (a) If an employer that would have a claim under this part ceases doing business before filing the claim, the representative of the employer who files the tax return or pays the premium may file the claim.

(b) If a corporation that would have a claim under this part merges with or is acquired by another corporation and the merger or acquisition makes the previously eligible corporation ineligible for the premium incentive payments, premium assistance payments, or tax credit in the future, the surviving or acquired corporation may file for the premium incentive payments, premium assistance payments, or tax credit for any claim period during which the former eligible corporation remained eligible.

(c) If an employer that would have a claim under this part files for bankruptcy protection, the receiver may file for the premium incentive payments, premium assistance payments, or tax credit for any claim period during which the employer was eligible.""

Insert: "Section 9. Section 33-22-2008, MCA, is amended to read:

"33-22-2008. Registration -- funding limitations -- transfers -- maximum number -- waiting list -- information transfer for tax credits. (1) (a) Each eligible small employer that proposes to apply for premium incentive payments and premium assistance payments or a tax credit under this part must be registered each year with the commissioner.

(b) An eligible small employer may submit a new application for the premium incentive payments and premium assistance payments or the tax credit anytime during the year, but in order to maintain the employer's registration for the next year, the registration application must be renewed each year.

(c) The registration application must include the number of individuals covered, as of the date of the registration application, under the ~~small~~ group health plan for which the employer is seeking premium incentive payments and premium assistance payments or a tax credit. If, after the initial registration, the number of individuals increases, the employer may apply to register the additional individuals, but those additional individuals may be added only at the discretion of the commissioner, who shall limit enrollment based on available funds.

(d) A small employer is not eligible to apply for premium incentive payments and premium assistance payments or a tax credit for a number of employees, or the employees' spouses or dependents, over the number that has been established in 33-22-2006 as the maximum number of employees a small employer may have in order to qualify for registration for the time period in question.

(e) A small employer's registration for premium incentive payments and premium assistance payments or a tax credit is irrevocable for 12 months or until the ~~purchasing pool~~ group health plan or qualified association health plan renews its registration, whichever time period is less. An eligible small employer may choose to discontinue receiving any premium incentive payments and premium assistance payments or tax credits at any time.

(2) The commissioner shall register qualifying eligible small employers in the order in which applications are received and according to whether the application is for premium incentive payments and premium assistance payments or a tax credit. Initially, 60% of the available funding must be dedicated to provide and maintain premium incentive payments and premium assistance payments for eligible small employers who ~~chose to join the purchasing pool~~ offer a group health plan or a qualified association health plan and 40% of the available funding must be dedicated to tax credits for eligible small employers who currently sponsor a ~~small~~ group health plan that provides creditable coverage. Funding may be transferred from the allocated fund for premium incentive payments and premium assistance payments to the general fund for tax credits or from the funds allocated for tax credits to the allocated fund for premium incentive payments and premium assistance payments ~~if the board requests the transfer~~ as provided in ~~33-22-2004 and the commissioner approves the request~~ 33-22-2005.

(3) (a) The maximum number of eligible small employers is reached when the anticipated amount of claims for premium incentive payments and premium assistance payments and tax credits has reached 100% of the amount of money allocated for premium incentive payments and premium assistance payments and tax credits.

(b) The commissioner may establish a waiting list for applicants that are otherwise qualified for registration but cannot be registered because of a lack of money or because the maximum number of eligible small employers has been reached.

(c) The commissioner shall mail to each employer registered under this section a notice of registration containing a unique registration number and indicating eligibility for either premium incentive payments and premium assistance payments or a tax credit. The commissioner shall also issue to each employer that is eligible for premium incentive payments and premium assistance payments or the tax credit a certificate, placard, sticker, or other evidence of participation that may be publicly posted.

(d) The commissioner shall notify all persons who applied for registration and who were not accepted that they were not registered and the reason that they were not registered.

(4) A prospective participant shall apply for registration on a form provided by the commissioner. The prospective participant shall:

(a) provide the number of employees and whether the employer qualifies under 33-22-2006;

(b) provide information that is necessary to estimate the amount of the premium incentive payments and premium assistance payments payable to the applicant or the amount of the tax credit available to the applicant, such as the ages of employees or dependents, relationships of employees' dependents, and information required by the department of public health and human services for determination of eligibility for premium assistance payments matched by federal funds;

(c) indicate whether the prospective employer intends to pursue the claim as a tax credit through the income tax process or through premium incentive payments and premium assistance payments to be applied toward ~~purchasing pool~~ group health plan or eligible qualified association health plan coverage; and

(d) provide any additional information determined by the commissioner to be necessary to support an application.

(5) Each year, an eligible small employer shall timely reregister with the commissioner in order to determine the participant's continued eligibility. The commissioner shall accept applications for continued registration:

(a) for ~~purchasing pool~~ premium incentive and premium assistance participants at any time within 12 months of the initial registration approval or within the time period for renewal of the group health plan coverage ~~under this part~~, whichever is longer;

(b) for tax credit participants on December 1 of each year. The commissioner shall stop accepting renewal applications for tax credit participants 60 calendar days later.

(6) The commissioner shall transmit to the department of revenue, at least annually, a list of eligible small employers that are taxpayers entitled to the tax credit and shall specify the taxpayer's name and tax identification number, the tax year to which the credit applies, the amount of the credit, and whether the credit is to be applied against taxes due on the taxpayer's return or paid as premium incentive payments or premium assistance payments. Unless there has been a finding of fraud or misrepresentation on the part of the taxpayer regarding issues relating to eligibility for the tax credit, the department of revenue may not redetermine or change the commissioner's determination regarding the taxpayer's entitlement to and amount of the tax credit.

~~(7) If the department of public health and human services receives approval for a section 1115 waiver as provided in 53-2-216, the commissioner shall work with the department of public health and human services with regard to eligibility determinations as required by federal law or waiver conditions.~~""

Renumber: subsequent sections

18. Page 21, line 26.
Following: "~~be paid or a~~"
Insert: "premium incentive payment or premium assistance payment to be paid or a"

19. Page 21, line 29.
Following: ~~payment or a tax credit~~
Insert: "or premium assistance payment or a tax credit"

20. Page 21, line 29.
Following: "entitled to"
Strike: "receive"

21. Page 22, line 6.
Following: "~~tax credits~~"
Insert: "and premium assistance payments or tax credits"

22. Page 22, line 7.

Strike: "health insurance benefits"
Insert: "group health plan coverage"

23. Page 22, line 9 through page 24, line 15.
Strike: section 14 in its entirety
Renumber: subsequent sections

24. Page 25, line 9 through line 10.
Strike: "premium incentive payments to eligible small employers"
Insert: "new tax credits"

25. Page 25, line 13.
Strike: "insure Montana small business"
Insert: "tax credit, the"

26. Page 25, line 14.
Strike: "program"
Insert: "payments, and the premium assistance payments"

27. Page 26, line 16.
Strike: "-- applicability"

28. Page 26, line 18.
Strike: "[Sections 6, 12, 18, and 19]"
Insert: "[Sections 1, 14, and 15]"

29. Page 26, line 18 through line 19.
Strike: ", and apply" on line 18 through "2016" on line 19

And, as amended, do pass. Report adopted.

SB 251, introduced bill, be amended as follows:

1. Title, page 1, line 7.
Following: "17-5-1527,"
Insert: "18-2-103, 18-2-111, 18-2-201, 18-2-301, 18-2-302,"
Following: "18-2-403,"
Insert: "18-2-421,"

2. Page 4.
Following: line 13
Insert: "Section 3. Section 18-2-103, MCA, is amended to read:

"18-2-103. Supervision of construction of buildings. (1) For the construction of a building costing more than $150,000, the department shall:

(a) review and accept all plans, specifications, and cost estimates prepared by architects

or consulting engineers;

(b) approve all bond issues or other financial arrangements and supervise and approve the expenditure of all money;

(c) solicit, accept, and reject bids and, except as provided in Title 18, chapter 2, part 5, award all contracts to the lowest qualified bidder considering conformity with specifications and terms and reasonableness of the bid amount;

(d) review and approve all change orders; and

(e) accept the building when completed according to accepted plans and specifications.

(2) The department may delegate on a project-by-project basis any powers and duties under subsection (1) to other state agencies, including units of the Montana university system, upon terms and conditions specified by the department.

(3) Before a contract under subsection (1) is awarded, two formal bids must have been received, if reasonably available.

(4) The department need not require the provisions of Montana law relating to advertising, bidding, or supervision when proposed construction costs are ~~$75,000 or~~ equal to or less than the amount required for a public works contract as defined in 18-2-401. However, with respect to a project having a proposed cost ~~of $75,000~~ equal to or less ~~but more than $25,000~~ than the amount required for a public works contract as defined in 18-2-401, the agency awarding the contract shall procure at least three informal bids from contractors registered in Montana, if reasonably available.

(5) For the construction of buildings owned or to be owned by a school district, the department shall, upon request, provide inspection to ensure compliance with the plans and specifications for the construction of the buildings. "Construction" includes construction, repair, alteration, equipping, and furnishing during construction, repair, or alteration. These services must be provided at a cost to be contracted for between the department and the school district, with the receipts to be deposited in the department's construction regulation account in a state special revenue fund.

(6) It is the intent of the legislature that student housing and other facilities constructed under the authority of the regents of the university system are subject to the provisions of subsections (1) through (3).

(7) The department of military affairs may act as the contracting agency for buildings constructed under the authority of 18-2-102(2)(d). However, the department of administration may agree to act as the contracting agency on behalf of the department of military affairs. Montana law applies to any controversy involving a contract.""

Insert: "Section 4. Section 18-2-111, MCA, is amended to read:

"18-2-111. Policy regarding practice of architecture -- preparation of working drawings by department limited. (1) It is the policy of the state not to engage in the practice of architecture. However, this policy may not be construed as prohibiting the department of administration from:

(a) engaging in preplanning functions necessary to prepare a building program for presentation to the legislature;

(b) supervising construction as provided in 18-2-105(7); or

(c) preparing working drawings for minor projects.

(2) The department of administration may not prepare working drawings for the construction of a building, with the exception of repair or maintenance projects, when the total cost

of the construction will exceed ~~$75,000~~ the cost of a public works contract as defined in 18-2-401.""

Insert: "Section 5. Section 18-2-201, MCA, is amended to read:

"18-2-201. Security requirements. (1) (a) Except as otherwise provided in 85-1-219 and subsections (3) through (5) of this section, whenever any board, council, commission, trustees, or body acting for the state or any county, municipality, or public body contracts with a person or corporation to do work for the state, county, or municipality or other public body, city, town, or district, the board, council, commission, trustees, or body shall require the person or corporation with whom the contract is made to make, execute, and deliver to the board, council, commission, trustees, or body a good and sufficient bond with a surety company, licensed in this state, as surety, conditioned that the person or corporation shall:

(i) faithfully perform all of the provisions of the contract;

(ii) pay all laborers, mechanics, subcontractors, and material suppliers; and

(iii) pay all persons who supply the person, corporation, or subcontractors with provisions, provender, material, or supplies for performing the work.

(b) The state or other governmental entity listed in subsection (1)(a) may not require that any bond required by subsection (1)(a) be furnished by a particular surety company or by a particular insurance producer for a surety company.

(2) The state or other governmental entity listed in subsection (1)(a) may, in lieu of a surety bond, permit the deposit with the contracting governmental entity or agency of the following securities in an amount at least equal to the contract sum to guarantee the faithful performance of the contract and the payment of all laborers, suppliers, material suppliers, mechanics, and subcontractors:

(a) lawful money of the United States; or

(b) a cashier's check, certified check, bank money order, certificate of deposit, money market certificate, bank draft, or irrevocable letter of credit, drawn or issued by:

(i) any federally or state-chartered bank or savings and loan association that is insured by or for which insurance is administered by the federal deposit insurance corporation; or

(ii) a credit union insured by the national credit union share insurance fund.

(3) Any board, council, commission, trustee, or body acting for any county, municipality, or public body other than the state may, subject to the provisions of subsection (1)(b), in lieu of a bond from a licensed surety company, accept good and sufficient bond with two or more sureties acceptable to the governmental entity.

(4) Except as provided in subsection (5), the state or other governmental entity may waive the requirements contained in subsections (1) through (3) for projects related to building or construction ~~projects~~, as defined in 18-2-101, that cost less than ~~$50,000~~ projects encompassed in the definition of a public works contract in 18-2-401.

(5) A school district may waive the requirements contained in subsections (1) through (3) for projects related to building or construction ~~projects~~, as defined in 18-2-101, that cost less than ~~$7,500~~ projects encompassed in the definition of a public works contract in 18-2-401.""

Insert: "Section 6. Section 18-2-301, MCA, is amended to read:

"18-2-301. Bids required -- advertising. (1) It is unlawful for any offices, departments, institutions, or any agent of the state of Montana acting for or ~~in~~ on behalf of the state to do, to cause to be done, or to let any contract for the construction of buildings or the alteration and

improvement of buildings and adjacent grounds on behalf of and for the benefit of the state when the amount involved is ~~$75,000 or more~~ within the definition of a public works contract in 18-2-401 without first advertising in at least one issue each week for 3 consecutive weeks in two newspapers published in the state, one of which must be published at the seat of government and the other in the county where the work is to be performed, calling for sealed bids to perform the work and stating the time and place bids will be considered.

(2) All work may be done, caused to be done, or contracted for only after competitive bidding.

(3) If responsible bids are not received after two attempts, the department or agency may contract for the work in a manner determined to be cost-effective for the state.

(4) This section does not apply to work done by inmates at an institution in the department of corrections.

(5) (a) The provisions of Montana law governing advertising and competitive bidding do not apply when the department of fish, wildlife, and parks is preserving or restoring the historic buildings and resources that it owns at Bannack if:

(i) the options listed in subsection (5)(b) are determined to be more cost-effective for the state; and

(ii) the implementation of the options listed in subsection (5)(b) is necessary to save historic buildings and resources from degradation and loss.

(b) For the preservation or restoration of historic buildings and resources at Bannack when the conditions listed in subsection (5)(a) are met, the department of fish, wildlife, and parks may accomplish the preservation or restoration through:

(i) a memorandum of understanding with a local, state, or federal entity or nonprofit organization when the entity or organization demonstrates the competence, knowledge, and qualifications to preserve or restore historic resources;

(ii) the use of qualified and trained department of fish, wildlife, and parks employees and volunteers;

(iii) a training program in historic preservation and restoration conducted by a qualified local, state, or federal entity or a qualified nonprofit organization; or

(iv) any combination of the options described in subsection (5)(b).""

Insert: "Section 7. Section 18-2-302, MCA, is amended to read:

"18-2-302. Bid security -- waiver -- authority to submit. (1) (a) Except as provided in subsection (2), each bid must be accompanied by bid security in the amount of 10% of the bid. The security may consist of cash, a cashier's check, a certified check, a bank money order, a certificate of deposit, a money market certificate, or a bank draft. The security must be:

(i) drawn and issued by a federally chartered or state-chartered bank or savings and loan association that is insured by or for which insurance is administered by the federal deposit insurance corporation;

(ii) drawn and issued by a credit union insured by the national credit union share insurance fund; or

(iii) a bid bond or bonds executed by a surety company authorized to do business in the state of Montana.

(b) The state or other governmental entity may not require that a bid bond or bond provided for in subsection (1)(a)(iii) be furnished by a particular surety company or by a particular insurance

producer for a surety company.

(2) The state or other governmental entity may waive the requirements for bid security on projects related to building or construction ~~projects~~, as defined in 18-2-101, that cost less than ~~$25,000~~ projects encompassed in the definition of a public works contract in 18-2-401.

(3) The bid security must be signed by an individual authorized to submit the security by the corporation or other business entity on whose behalf the security is submitted. If the request for bid or other specifications provided by the state or other governmental entity specify the form or content of the bid security, the security submitted must comply with the requirements of that specification.""

Renumber: subsequent sections

3. Page 6, line 1.
Following: "$80,000"
Insert: "per year"

4. Page 7.
Following: line 29
Insert: "Section 10. Section 18-2-421, MCA, is amended to read:

"18-2-421. Notice. When a public works project is accepted by the public contracting agency, a notice of acceptance and the completion date of the project must be sent to the department. ~~However, in the case of public works contracts that amount to $50,000 or less in cost,~~ The department may request the notice of acceptance and the completion date of ~~the~~ a project ~~is not required unless the department requests that information~~ that does not meet the definition of a public works project in 18-2-401. The 90-day limitation for filing an action in district court, as provided in 18-2-407, does not begin until the public contracting agency notifies the department of its acceptance of the public works project.""

Renumber: subsequent sections

And, as amended, do pass. Report adopted.

SB 270, introduced bill, be amended as follows:

1. Title, page 1, line 5.
Strike: "AND"

2. Title, page 1, line 5.
Following: "MCA"
Insert: "; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE"

3. Page 5, line 11.
Insert: "NEW SECTION. **Section 2. Effective date.** [This act] is effective on passage and approval."

And, as amended, do pass. Report adopted.

SB 292, introduced bill, be amended as follows:

1. Page 1, line 30.
Following: "insurer."
Insert: "However, prior authorization required under this subsection is not required for inpatient or emergency treatments."

2. Page 2, line 10.
Strike: "a pharmacist may not dispense"
Insert: "medications may not be dispensed for"

And, as amended, do pass. Report adopted.

ENERGY AND TELECOMMUNICATIONS (Webb, Chair): 2/19/2015
SB 312, introduced bill, be amended as follows:

1. Title, page 1, line 8 through line 10.
Strike: "GRANTING" on line 8 through "REQUESTS;" on line 10

2. Title, page 1, line 11 through line 14.
Strike: "ALLOWING" on line 11 through "DECISION;" on line 14
Strike: ", 69-8-413," on line 14

3. Page 3, line 6.
Strike: "except as provided in 69-8-414,"

4. Page 3, line 13.
Strike: "Except as provided in 69-8-414, large"
Insert: "Large"

5. Page 4, line 19.
Strike: "(10)(c)"
Insert: "(10)(b)"

6. Page 4, line 20.
Strike: "denies"
Insert: "disallows"

7. Page 4, line 21.
Strike: "in accordance with 69-8-414"
Strike: "denial"
Insert: "disallowance"

8. Page 4, line 22.
Strike: "(c)"

9. Page 4, line 24.
Strike: "denial"
Insert: "disallowance"

10. Page 4, line 26 through page 5, line 11.
Strike: section 2 in its entirety
Renumber: subsequent sections

11. Page 5, line 17.
Strike: "A"
Insert: "Except as provided in subsection (1)(c), a"

12. Page 5.
Following: line 18
Insert: "(c) The department may not impose a penalty pursuant to this subsection (1) unless the department:

(i) provides notice to a utility or a large customer of the failure to file a timely report in accordance with 69-8-402(8) or (10); and

(ii) does not receive a report from the utility or a large customer within 20 business days of the notice required pursuant to subsection (1)(c)(i)."

13. Page 5, line 19.
Strike: "(c)"
Insert: "(d)"

14. Page 5, line 21.
Strike: "69-8-413(3)"
Insert: "69-8-413"

15. Page 5, line 26.
Strike: "(a)"
Strike: "Except as provided in subsection (3)(b), claimed"
Insert: "Claimed"

16. Page 6, line 5 through line 17.
Strike: line 5 through line 17 in their entirety

17. Page 6, line 18.
Following: "~~challenged~~"
Insert: "challenged"

18. Page 6, line 18 through line 19.
Strike: "challenged in accordance with subsection (2)"

19. Page 6, line 23.

Strike: "in accordance with subsection (2)"

20. Page 7, line 4.
Following: "~~challenged~~"
Insert: "challenged"

21. Page 7, line 4 through line 5.
Strike: "challenged in accordance with subsection (2)"

22. Page 7, line 12 through line 14.
Strike: ":" on line 12 through "(2)" on line 14

And, as amended, do pass. Report adopted.

SB 314, do pass. Report adopted.
SB 321, introduced bill, be amended as follows:

1. Page 2, line 6.
Following: "vehicle"
Insert: ", unless a propane supplier expressly elects public utility status to gain access to public rights-of-way for the purposes of installing distribution pipelines"

And, as amended, do pass. Report adopted.

FINANCE AND CLAIMS (Jones, Chair): 2/20/2015
SB 107, do pass. Report adopted.
SB 148, do pass. Report adopted.
SB 171, do pass. Report adopted.
SB 180, introduced bill, be amended as follows:

1. Page 6, line 8.
Strike: "Fifty"
Insert: "Twenty-five"

And, as amended, do pass. Report adopted.

SB 210, do pass. Report adopted.
SB 216, do pass. Report adopted.
SB 234, do pass. Report adopted.
SB 344, do pass. Report adopted.

FISH AND GAME (Brenden, Chair): 2/19/2015
SB 295, do pass. Report adopted.
SB 333, do pass. Report adopted.
SB 334, introduced bill, be amended as follows:

1. Page 34, line 29.
Following: "Tagging of"
Insert: "big"

2. Page 35, line 13.
Following: "of the"
Insert: "big"

And, as amended, do pass. Report adopted.

HIGHWAYS AND TRANSPORTATION (Arntzen, Chair): 2/19/2015
SB 332, do pass. Report adopted.
SR 17, preliminary report

HIGHWAYS AND TRANSPORTATION (Arntzen, Chair): 2/20/2015
SB 338, do pass. Report adopted.

JUDICIARY (Sales, Chair): 2/19/2015
SR 15, preliminary report, be amended as follows:

1. Title, page 1, line 5.
Strike: "THE MONTANA SUPREME COURT,"

2. Page 1, line 10.
Strike: "appointments"
Insert: "appointment"

3. Page 1, line 11.
Strike: "have"
Insert: "has"

4. Page 1, line 12.
Strike: line 12 in its entirety

JUDICIARY (Sales, Chair): 2/20/2015
SB 262, do pass. Report adopted.

MESSAGES FROM THE OTHER HOUSE

Senate bills concurred in and returned to the Senate: 2/19/2015

SB 1, introduced by D. Kary
SB 63, introduced by T. Brown

SB 64, introduced by J. Keane
SB 72, introduced by T. Brown
SB 76, introduced by G. Vuckovich
SB 135, introduced by T. Facey

Senate bill concurred in as amended and returned to the Senate for concurrence in House amendments: 2/19/2015

SB 139, introduced by D. Sands

House bills passed and transmitted to the Senate for concurrence: 2/19/2015

HB 296, introduced by P. Noonan
HB 345, introduced by D. Zolnikov
HB 350, introduced by R. Shaw
HB 353, introduced by E. Greef

House joint resolution passed and transmitted to the Senate for concurrence: 2/19/2015

HJ 11, introduced by M. Lang

MOTIONS

Senator Cohenour moved **SB 358** be re-referred from the Public Health, Welfare and Safety Committee to the Business, Labor, and Economic Affairs Committee. Without objection, so ordered.

Senator Sands moved consideration of **SB 66** be passed to legislative day 46. Without objection, so ordered.

Senator Thomas moved **SB 363** be re-referred from the Taxation Committee to the Rules Committee. Without objection, so ordered.

Senator Caferro moved that **SB 195** be taken from State Administration and brought before the Committee of the Whole on February 21, 2015, the fortieth legislative day. Motion carried as follows:

Yeas: Ankney, Arntzen, Barrett Dick, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Cohenour, Connell, Driscoll, Facey, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones, Kary, Kaufmann, Keane, Keenan, Larsen, Malek, McNally, Moe, Moore, Phillips, Pomnichowski, Ripley, Rosendale, Sales, Sands, Sesso, Smith, Stewart-Peregoy, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Whitford, Windy Boy, Wolken, Ms. President.
Total 50

Nays: None.

Total 0

Absent or not voting: None.
Total 0

Excused: None.
Total 0

FIRST READING AND COMMITMENT OF BILLS

The following Senate bills were introduced, read first time, and referred to committees:

SB 382, introduced by C. Kaufmann, referred to State Administration.
SB 383, introduced by B. Hamlett, C. Vincent, referred to Judiciary.
SB 384, introduced by R. Webb, referred to Judiciary.
SB 385, introduced by R. Webb, referred to Judiciary.
SB 386, introduced by J. Cohenour, referred to Taxation.
SB 387, introduced by C. Smith, referred to Natural Resources.

The following House bills were introduced, read first time, and referred to committees:

HB 296, introduced by P. Noonan, referred to Energy and Telecommunications.
HB 345, introduced by D. Zolnikov, referred to Judiciary.
HB 350, introduced by R. Shaw, Z. Brown, R. Cook, G. Custer, C. Glimm, R. Hollandsworth, R. Lynch, J. Welborn, K. White, referred to Business, Labor, and Economic Affairs.
HB 353, introduced by E. Greef, referred to Energy and Telecommunications.

The following House joint resolution was introduced, read first time, and referred to committee:

HJ 11, introduced by M. Lang, R. Driscoll, F. Moore, P. Noonan, referred to Energy and Telecommunications.

SECOND READING OF BILLS
(COMMITTEE OF THE WHOLE)

Majority Leader Rosendale moved the Senate resolve itself into a Committee of the Whole for consideration of business on second reading. Motion carried. Senator Hamlett in the chair.

Ms. President: We, your Committee of the Whole, having had under consideration business on second reading, recommend as follows:

SB 232 - Senator F. Moore moved **SB 232** do pass. Motion carried as follows:

Yeas: Ankney, Arntzen, Barrett Dick, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Cohenour, Connell, Driscoll, Facey, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones,

Kary, Kaufmann, Keane, Keenan, Larsen, Malek, McNally, Moe, Moore, Phillips, Pomnichowski, Ripley, Rosendale, Sales, Sands, Sesso, Smith, Stewart-Peregoy, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Whitford, Windy Boy, Wolken, Ms. President.
Total 50

Nays: None.
Total 0

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 288 - Senator Tutvedt moved **SB 288** do pass. Motion carried as follows:

Yeas: Ankney, Arntzen, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Connell, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones, Kary, Keenan, McNally, Moore, Ripley, Rosendale, Sales, Smith, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Webb, Ms. President.
Total 31

Nays: Barrett Dick, Caferro, Cohenour, Driscoll, Facey, Kaufmann, Keane, Larsen, Malek, Moe, Phillips, Pomnichowski, Sands, Sesso, Stewart-Peregoy, Vuckovich, Whitford, Windy Boy, Wolken.
Total 19

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 327 - Senator Blasdel moved **SB 327** do pass. Motion carried as follows:

Yeas: Ankney, Arntzen, Barrett Dick, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Cohenour, Connell, Driscoll, Facey, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones, Kary, Kaufmann, Keane, Keenan, Larsen, Malek, McNally, Moe, Moore, Phillips, Pomnichowski, Ripley, Rosendale, Sales, Sands, Sesso, Smith, Stewart-Peregoy, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Whitford, Windy Boy, Wolken, Ms. President.
Total 50

Nays: None.
Total 0

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 245 - Senator Kary moved **SB 245** do pass. Motion carried as follows:

Yeas: Ankney, Arntzen, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Cohenour, Connell, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Kary, Keane, Keenan, Larsen, Malek, Moore, Ripley, Rosendale, Sales, Smith, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Webb, Windy Boy, Ms. President.
Total 34

Nays: Barrett Dick, Caferro, Driscoll, Facey, Jones, Kaufmann, McNally, Moe, Phillips, Pomnichowski, Sands, Sesso, Stewart-Peregoy, Vuckovich, Whitford, Wolken.
Total 16

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 284 - Senator Brenden moved **SB 284** do pass. Motion carried as follows:

Yeas: Ankney, Arntzen, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Connell, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones, Kary, Keenan, Moore, Ripley, Rosendale, Sales, Smith, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Ms. President.
Total 31

Nays: Barrett Dick, Caferro, Cohenour, Driscoll, Facey, Kaufmann, Keane, Larsen, Malek, McNally, Moe, Phillips, Pomnichowski, Sands, Sesso, Stewart-Peregoy, Whitford, Windy Boy, Wolken.
Total 19

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 296 - Senator Arntzen moved **SB 296** do pass. Motion **failed** as follows:

Yeas: Arntzen, Barrett Dick, Blasdel, Cohenour, Facey, Hamlett, Hansen, Hinkle, Hoven, Howard, Kaufmann, Keane, Keenan, Malek, Moe, Sales, Sands, Stewart-Peregoy, Swandal, Taylor, Vance, Vincent, Webb.
Total 23

Nays: Ankney, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Connell, Driscoll, Fielder, Jones, Kary, Larsen, McNally, Moore, Phillips, Pomnichowski, Ripley, Rosendale, Sesso, Smith, Thomas, Tutvedt, Vuckovich, Whitford, Windy Boy, Wolken, Ms. President.
Total 27

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 296 - Senator Rosendale moved **SB 296** be **indefinitely postponed**. Motion carried as follows:

Yeas: Ankney, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Cohenour, Connell, Driscoll, Facey, Fielder, Hamlett, Hansen, Hinkle, Howard, Jones, Kary, Kaufmann, Keane, Keenan, Larsen, Malek, McNally, Moe, Moore, Phillips, Pomnichowski, Rosendale, Sales, Sands, Sesso, Smith, Stewart-Peregoy, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Whitford, Windy Boy, Wolken, Ms. President.
Total 46

Nays: Arntzen, Barrett Dick, Hoven, Ripley.
Total 4

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 224 - Senator Wolken moved **SB 224** do pass. Motion carried as follows:

Yeas: Ankney, Arntzen, Barrett Dick, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Cohenour, Connell, Driscoll, Facey, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones, Kary, Kaufmann, Keane, Keenan, Larsen, Malek, McNally, Moe, Moore, Phillips, Pomnichowski, Rosendale, Sales, Sands, Sesso, Stewart-Peregoy, Swandal, Thomas, Tutvedt, Vance, Vuckovich, Webb, Whitford, Windy Boy, Wolken, Ms. President.
Total 46

Nays: Ripley, Smith, Taylor, Vincent.

Total 4

Absent or not voting: None.
Total 0

Excused: None.
Total 0

Majority Leader Rosendale moved the committee **rise and report**. Motion carried. Committee arose. Senate resumed. President Barrett presiding. Chair Hamlett moved the Committee of the Whole report be adopted. Report adopted as follows:

Yeas: Ankney, Arntzen, Barrett Dick, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Cohenour, Connell, Facey, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones, Kary, Keane, Keenan, Larsen, McNally, Moe, Moore, Pomnichowski, Ripley, Rosendale, Sales, Sands, Smith, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Wolken, Ms. President.
Total 42

Nays: Driscoll, Kaufmann, Malek, Phillips, Sesso, Stewart-Peregoy, Whitford, Windy Boy.
Total 8

Absent or not voting: None.
Total 0

Excused: None.
Total 0

THIRD READING OF BILLS

The following bills having been read three several times, title and history agreed to, were disposed of in the following manner:

SB 112 passed as follows:

Yeas: Ankney, Arntzen, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Connell, Fielder, Hansen, Hinkle, Hoven, Howard, Jones, Keane, Keenan, Larsen, Moore, Phillips, Ripley, Rosendale, Sales, Sesso, Smith, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Ms. President.
Total 33

Nays: Barrett Dick, Caferro, Cohenour, Driscoll, Facey, Hamlett, Kary, Kaufmann, Malek, McNally, Moe, Pomnichowski, Sands, Stewart-Peregoy, Whitford, Windy Boy, Wolken.
Total 17

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 220 passed as follows:

Yeas: Ankney, Arntzen, Barrett Dick, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Cohenour, Connell, Driscoll, Facey, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones, Kaufmann, Keane, Keenan, Larsen, Malek, McNally, Moe, Moore, Phillips, Pomnichowski, Ripley, Rosendale, Sales, Sands, Sesso, Smith, Stewart-Peregoy, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Whitford, Windy Boy, Wolken, Ms. President.
Total 49

Nays: Kary.
Total 1

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 235 passed as follows:

Yeas: Ankney, Arntzen, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Connell, Fielder, Hansen, Hinkle, Hoven, Howard, Jones, Kary, Keenan, Moore, Ripley, Rosendale, Smith, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Webb, Ms. President.
Total 28

Nays: Barrett Dick, Caferro, Cohenour, Driscoll, Facey, Hamlett, Kaufmann, Keane, Larsen, Malek, McNally, Moe, Phillips, Pomnichowski, Sales, Sands, Sesso, Stewart-Peregoy, Vuckovich, Whitford, Windy Boy, Wolken.
Total 22

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 248 passed as follows:

Yeas: Ankney, Arntzen, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Connell,

Fielder, Hamlett, Hinkle, Hoven, Howard, Jones, Kary, Keane, Ripley, Rosendale, Sales, Smith, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Webb, Ms. President.
Total 29

Nays: Barrett Dick, Cohenour, Driscoll, Facey, Hansen, Kaufmann, Keenan, Larsen, Malek, McNally, Moe, Moore, Phillips, Pomnichowski, Sands, Sesso, Stewart-Peregoy, Vuckovich, Whitford, Windy Boy, Wolken.
Total 21

Absent or not voting: None.
Total 0

Excused: None.
Total 0

SB 282 passed as follows:

Yeas: Ankney, Arntzen, Barrett Dick, Blasdel, Brenden, D. Brown, T. Brown, Buttrey, Caferro, Cohenour, Connell, Driscoll, Facey, Fielder, Hamlett, Hansen, Hinkle, Hoven, Howard, Jones, Kary, Kaufmann, Keane, Keenan, Larsen, Malek, McNally, Moe, Moore, Phillips, Pomnichowski, Ripley, Rosendale, Sales, Sands, Sesso, Smith, Stewart-Peregoy, Swandal, Taylor, Thomas, Tutvedt, Vance, Vincent, Vuckovich, Webb, Whitford, Windy Boy, Wolken, Ms. President.
Total 50

Nays: None.
Total 0

Absent or not voting: None.
Total 0

Excused: None.
Total 0

ANNOUNCEMENTS

Committee meetings were announced by the committee chairs.

Majority Leader Rosendale moved the Senate adjourn until 8:00 a.m., Saturday, February 21, 2015, the fortieth legislative day. Motion carried.

Senate adjourned at 2:13 p.m.

MARILYN MILLER
Secretary of the Senate

DEBBY BARRETT
President of the Senate